

## Sour Patch Kitties Rescue& Rehab Foster Application

Please fill out the following form to participate as a foster family.

Full Name *	
First Name Last Name	
Address *	
Street Address	
Street Address Line 2	
City	State / Province
Postal / Zip Code	
E-mail *	
example@example.com	
Phone Number *	
Do you have reliable tran	nsportation? *

Semi Feral Cats

Semi Feral Kittens Any cats or kittens

Is there any type of animal you are NOT willing to foster? \*
Yes
No
What type of animal would you prefer NOT to foster?
Where will the foster(s) be kept during the day? \*

The cats and kittens in our care are often times of unknown health status. These cats and kittens come from outdoors and sometimes carry illnesses that do not present until later. Please type yes if you understand that medication may be required to be given. \*

I certify that my answers are true and complete to the best of knowledge, and I authorize investigation of all statements contained in this application. I understand that omission or misrepresentation of facts called for is cause for denial of fostering animals. SPKRR reserves the right to refuse any foster care applicant. By checking "I agree" allows release of any information necessary to process this application. \*

I agree